

## ALASKA PERFORMANCE SCHOLARSHIP (APS) Eligibility Determination Application

Home-based education and religious or other private schools accredited under 4 AAC 04.300. YOU DO NOT NEED TO SUBMIT THIS FORM IF YOU GRADUATED FROM A PUBLIC HIGH SCHOOL

| HS Graduation \ | Year* |
|-----------------|-------|
|-----------------|-------|

| Check one:  | Home School  | Private Sch                 | ool                            |
|---|--|-----------------------------|--------------------------------|
| g ,   | uired for the Department of Education & Education to the address indicated below. Please principles    | ,                           | 3 3                            |
| Last Name   | First Name   | M.I DC                      | DBGender { }M { }F             |
| Permanent Mailing Address                                       |  | City                        | State                          |
| Zip Last four nu  | mbers of SSN Telephone   | Ema                         | ail                            |
| Name and address of your high                                   | ı school (s)*  |                             |                                |
|   | last year, provide the AKSID:  |                             |                                |
| Which standardized college add send a student copy).  { }SAT or | mission test did you take? <b>This must com</b> { }ACT or { }WorkKeys                                  | e in a sealed envelope fr   | om the testing company (do not |
| APS curriculum requirements                                     | s (under 4 AAC 43.030):  |                             |                                |
| Complete, and attach the APS                                    | Eligibility Checklist for your graduation y  | ear. This can be found at A | APS.alaska.gov.                |
|   | ear is based on an academic year of July 1 t<br>ng your diploma anytime between July 1, 20             |                             |                                |
|   | the above requirements. Attached is my o the above requirements. I do not have a tr                    |                             | classes is attached.           |
| Name of postsecondary institut                                  | ion you plan to attend   |                             |                                |
| Student Signature   |  |                             | Date                           |
|   | this form the completed Eligibility Checklist for y sealed score reports or they can be ser transcript |                             | g company                      |

All the above must be received no later than July 15 for a determination prior to the upcoming APS award year\*\*.

E-mail, fax or mail to: Erin Hardin, APS Program Coordinator

Alaska Department of Education & Early Development

P.O. Box 110500, Juneau, Alaska 99811-0500

Phone: 907.465.6535

Fax: 907.465.8400 Email: erin.hardin@alaska.gov

<sup>\*\*</sup>You must file the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov by <u>June 30 for EACH year you plan to use an APS award, or file the alternative application available at APS.alaska.gov for students not attending a Title IV school.</u>